

Romelli BAIL BONDS



For official use only
Agency _____
Defendant _____
Bond # (s) _____

CERTIFICATE OF 8% PREMIUM

Please check the appropriate box, complete the information and attach any required documents.

Attorney

The law office(s) of _____ located at _____, phone _____,
was retained _____, 200__ to represent defendant _____ for the case #(s) _____.

Attorney's Signature or Legal Representative Print Name (or stamp) Date

Romelli Bail Bonds has an 8% rate filed with the State Department of Insurance for defendants with Private Retained Legal Representation. Proper evidence must be provided so that Romelli Bail Bonds can meet the requirements of State Law. Please assist us in protecting this premium adjustment for our client by completing the information above and returning it to us at your earliest convenience. Thank You.

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Union

I, _____, declare: I am a member of _____ union. Union # _____.

Declarant Signature Declarant Name (Printed) Date

Please return form only if copy of union card and pay stub or other verifiable proof is attached.

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Military

I, _____, declare: I am a _____ in the United States
(Print Military Member's Name) (Insert Title/Rank)

_____ and I am the legal _____ of _____
(Insert Military Branch) (Insert Relationship) (Print Client Name)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that Two Jinn, Inc. is relying on the truthfulness of this declaration and I agree to indemnify Two Jinn, Inc. for any claims arising out of its reliance on this declaration. Executed this _____ day of _____, 20__.

Declarant Signature Declarant Name (Printed) Date

Please attach a copy of the military members ID or other proof of service.

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When completed, please submit to Romelli Bail Bonds in person, by mail or by FAX at 707-525-0163.